

STANDARD CERTIFICATE OF DEATH

State File No. **10815**

FILED MAR 23 1954		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>662</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robt. Koch Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>802 No Jefferson</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First) <u>John</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>Stevens</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 8 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	
8. DATE OF BIRTH <u>11/19/18</u>		9. AGE (In years) (Months) (Days) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ben Stevenson</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Reed</u>		14. NAME OF HUSBAND OR WIFE <u>James Mason - divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Koch Hosp. records</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post op. pneumonia</u> 74 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis far advanced 4 years</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Empyema, mixed 7 days</u>					
19a. DATE OF OPERATION <u>2/5/54 and 3/4/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>on 2/5/54: Cavitory tuberculosis on 3/4/54 - Rontgen examination 002X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/24</u> , 19 <u>54</u> , to <u>3/8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>54</u> , and that death occurred at <u>6 AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. J. Sullivan, M.D.</u>		23b. ADDRESS <u>Robt Koch Hosp.</u>		23c. DATE SIGNED <u>3/8/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/10/54</u>		REGISTRAR'S SIGNATURE <u>Heather R. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>2820 Stoddard St. 2820 Stoddard St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

F. H. E. Culbert

Licensed Embalmer No.

498

P. O. Address

St. Louis 13 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.